

Project Name: USAID Micronutrient Program
Agreement Type: Field Support (Leader with Associate Cooperative Agreement)
Duration: January 2006-September 2011
Geographic Scope: Uttar Pradesh, Uttaranchal and Jharkhand
Technical Assistance Agencies: A2Z (AED-New project)
Implementing Agency: State Governments, CARE and local NGOs

DESCRIPTION:

The USAID Micronutrient Program provides technical assistance in support of USAID/India's results package related to Vitamin A supplementation among children nine months to three years and anemia reduction packages for pregnant women, adolescents and young children 6-24 months of age in Jharkhand and eastern UP. The project is also prepared to support the introduction of zinc supplementation as part of diarrhea treatment in children through the public sector and collaborate with private sector entities.

A new global USAID micronutrient leadership project began October 1, 2005. A Situational Analysis was carried out in January 2006. The A2Z project will focus on scaling-up a comprehensive package of micronutrient interventions through district level activities under the national NRHM, 11th Plan and 'universalization of ICDS' frameworks. The project will start with an emphasis on anemia reduction and vitamin A supplementation in Eastern UP and Jharkhand with some limited support to Uttaranchal. Over five years, it will produce documented results in improving micronutrient coverage in UP, Jharkhand and, if resources permit, in Uttaranchal (and other states). The program will be state-wide in Jharkhand. In UP, the eastern region will be the location of A2Z's work and this will be expanded through state level bodies and organizations such as UNICEF, SIFPSA, CARE and the World Bank to other regions in UP.

Results: A2Z will document improvements in sustainable vitamin A supplementation of children 9-36 months of age, and scaled-up anemia packages for women, adolescents and young children in sampled districts of Jharkhand and 4 districts of UP. The project will continue to support selected capacity building, BCC and coverage monitoring activities. It will also document the mainstreaming of micronutrient activities within district plans under the national NRHM, 11th Plan and 'universalization of ICDS' frameworks. Partnerships developed with ICMR, NIPCCD, MI, UNICEF, the World Bank and others will enable project experiences to be scaled-up beyond the 2 states.

KEY ACTIVITIES :

- A2Z will establish technical and management teams in N. Delhi, Ranchi and Allahabad to support program activities. These will focus on:
- Designing scale-up plans for improving supplies and compliance in prenatal iron supplementation.
- Expanding adolescent girls' (up to 19 years) anemia reduction interventions
- Developing implementation and evaluation plans anemia reduction packages for children 6-24 months.
- Providing support for selected BCC and monitoring activities for biannual distributions in selected districts of UP and Jharkhand.
- Incorporating micronutrient interventions into NRHM, ICDS universalization plans and 11th Plan activities.

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Project Name: Basic Support for Institutionalizing Child Survival (BASICS III)
Agreement Type: *Field Support*
Duration: 2004-2006
Geographic Scope: AP, Bihar, Chhattisgarh, Jharkhand, MP, Orissa, Rajasthan, UP, West Bengal (the same as CARE/INHP II)
Technical Assistance Agencies: *Partnership for Child Health, Inc.*
Implementing Agency: CARE-India

DESCRIPTION:

The BASICS Project supports child survival programming at district, national and global levels. The project is charged with achieving the highest level of impact on child survival and with providing global technical leadership in advancing the state-of-the-art in child health. In India, BASICS primarily provides technical assistance to CARE-India's RACHNA program. The main technical areas of focus are community based newborn care, strengthening routine immunization and essential nutrition actions to prevent malnutrition. Besides this, BASICS is also mandated to provide technical assistance directly to USAID/India on child survival matters.

KEY ACTIVITIES:

- Providing technical assistance to CARE in all states under the RACHNA program, in the above-mentioned technical areas, in order to make the following effective:
- **Capacity building** with RACHNA program staff and staff of ICDS and health departments at all levels,
- **System strengthening:** primarily in ICDS and health departments, at community and higher levels, with a focus on identifying and correcting problems in supervision and monitoring systems, supply and cold chains, and training capacity building processes; and
- **Process documentation:** including assistance on a range of quantitative and qualitative assessments and documentation of lessons learned for public health programs.

KEY ACHIEVEMENTS:

- BASICS has oriented CARE/RACHNA to become an evidence-based program in the use of proven child survival interventions at scale, with results through a range of tools, processes and approaches that have been shown to be effective in other settings. Specifically, BASICS has helped CARE/RACHNA refine its interventions package and operational strategy, and develop effective approaches to capacity building, system strengthening, and process documentation.
- Over the period that BASICS has supported the program, RACHNA has made substantial progress in finding and using ways of effectively reaching large scale with proven child health and nutrition interventions, measuring progress and demonstrating what approaches have worked and why.

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Project Name: IMMUNIZATION Basics
Agreement Type: *Field Support*
Duration: *May 2005 to June 2009*
Geographic Scope: *All states of India*
Technical Assistance Agencies: -
Implementing Agency: *JSI Research and Training Institute*

DESCRIPTION:

IMMUNIZATION *Basics* (IB) is a five-year, USAID-funded technical assistance project that aims to increase the ability of governments and collaborating organizations to deliver quality routine immunization services. IB provides expert technical support to Ministries of Health, to USAID missions, bureaus and projects, and to NGOs and other international partners. The project is managed by JSI Research and Training Institute, Inc. (JSI), with Abt Associates, the Academy for Educational Development (AED) and the Manoff Group International. Headquartered in Rosslyn, Virginia at the JSI office, IB is currently supporting long-term programs in a number of countries.

PURPOSE:

In India, IB provides technical guidance to a number of national organizations that are already supported by USAID/Delhi to deliver and/or strengthen routine immunization. These organizations include CARE INHP II, The CORE group of NGOs, Environmental Health Project (urban health), the WHO immunization cells supported by USAID/Washington at national level and in selected states, the Ministry of Health and Family Welfare (MOHFW) at the national level, the Secretariates of Health and Family Welfare (SHFW) in targeted states, and others. IB focuses on USAID partners at national level and in a limited number of focus states.

KEY ACTIVITIES:

- Work with national partners to assess needs and opportunities and to design, test and scale up proven strategies for routine immunization strengthening that which also includes introduction of new and under utilized vaccines, and VPD surveillance and control / eradication strategies.
- Provide on-going technical support to partners working to introduce the Reaching Every District (RED) approach and/or individual components of RED that have the potential to enhance performance, including “active monitoring” and “linking communities and immunization services”.
- Assist in monitoring, evaluating and documenting promising approaches; actively promote the adaptation and scaling up of these approaches in workshops, seminars, on-site technical assistance visits, and capacity building activities with partners.
- Plan and make logistical arrangements for technical assistance missions by external IB staff and consultants and follow-up with partners to ensure that recommendations are implemented; recruit, provide orientation, supervise and follow-up the work of local consultants, as needed.

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Project Name: Pragati Child Survival Project
Agreement Type: Child Survival & Health Grant
Duration: Four Years (Oct 2003 to Sep 2007)
Geographic Scope: UP – Ballia, Lalitpur and Moradabad districts
Technical Assistance Agencies: CATALYST – (For Family Planning Interventions)
Implementing Agency: World Vision India

DESCRIPTION:

This project was awarded under the Expanded Impact Category of the CSHGP and its objective is to scale up a package of child survival and FP interventions in the three districts of UP (mentioned above). Pragati builds on the successes of the earlier Ballia Rural Integrated Child Survival (BRICS) Project and will use the methods tested through BRICS, to scale up its interventions. Target beneficiaries are pregnant women; children aged 0 – 3 years and their mothers.

The key interventions are immunization, family planning, and maternal and infant nutrition and Vitamin A supplementation. The key partners of the project in the state and the districts are: The ICDS III Project, government health services and local NGOs. The project works through strengthening the technical and implementation capacity of the Anganwadi Workers (AWW) of the ICDS project, and through creating an enabling environment for the AWW by supportive supervision, involvement of community groups and by improved links between the ICDS and health systems at the village, block and district levels.

KEY ACTIVITIES:

- Facilitate and ensure early registration of pregnant women in the AWW register, and subsequent utilization of immunization and FP services.
- Timed and targeted counseling for families on key behaviors related to project's interventions.
- Facilitating regular and effective meetings between the ICDS and health systems at village, block and district levels; and
- Forming/strengthening community groups that will assist the AWW in her tasks like identifying pregnant women.

KEY ACHIEVEMENTS:

- The strengths of the BRICS project have been in its partnerships: with the health services, traditional sources of health care, with the community and with local NGOs;
- All project targets (like full immunization and contraceptive use among post partum women) have been met or surpassed;
- The project has shown that interventions developed on a small scale can be scaled up, but through different approaches and partnerships; and
- In the one year that Pragati has been in operation the training/supervision manuals and AWW registers have been designed, tested and used for training.
- The project had its 'Mid Term Evaluation' from 23rd August 05 till 03rd September 05. The Team Leader was Dr. Gilbert Burnham, Professor, School Of Public Health, JHU, Baltimore.
- **MTE FINDINGS** indicate that the project is on target to meet the final year results. However, some mid course corrections were recommended, including, augmenting staff and field workers, focus on operations research, and limit target populations and expansion to further blocks.
- The project undertook a **Doer Non Doer analysis**, to gain a deeper understanding of the knowledge practice gap. The behavior science based semi quantitative analysis gave precious insights that will go into changing the project's BCC strategy.
- The Project also undertook a mid – year assessments of its sub areas using the **Lot Quality Assurance Sampling method**. Results have been translated into decisions specific for each operational block.

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Project Name: Jeevan Daan Maternal and Child Survival Program
Agreement Type: Child Survival & Health Grant
Duration: 2000-2004 (Extended to 2004-2009) with \$.1.5 million
Geographic Scope: Ahmedabad (Gujarat)
Technical Assistance Agencies: Counterpart International
Implementing Agency: Counterpart International

DESCRIPTION:

Based on the successes of the four year Jeevan Daan Child Survival Program (2000-2004) , Counterpart was awarded a five year Maternal and Child Survival Cost Extension program in the Urban Slums of Ahmedabad in partnership with a city based local Partner Saath and AMC (2004-2009). The main aim of the program is to sustainably reduce the morbidity and mortality among the slum children as well as strengthen the local partner's and Ahmedabad Municipal Corporation's (AMC) capacity to implement and evaluate CS programs. The main objectives are immunization of children and women, control of Diarrheal Diseases, pneumonia case management and nutrition, maternal and new born care and breastfeeding. The total population covered in the project area is 308,445.

In the last 5 years this program has made measurable progress towards indicators despite two disasters - earthquake and communal violence - that it faced. Based on program success "Jeevan Daan" has been extended to 2009 with new partner Saath, with the additional component of maternal and new born care.

KEY ACTIVITIES:

Community mobilization and formation of Community Health Teams (CHTs, volunteer mothers) to improve the access to information and care and sustain the community based health initiatives taken by the project; behavior change communication, using the BEHAVE framework and the edutainment approach to improve the care takers and care givers behaviors at home and at the health facility; training and organizational development of partners and training of public and private providers, in WHO protocols for improvement of quality of care; and piloting Positive Deviance/Hearth nutrition rehabilitation and promotion model in 10 communities to address malnutrition and share the lessons learned with the CS community and using the lessons for the scale up in the cost extension.

KEY ACHIEVEMENTS:

- The immunization rates for children aged 12-23 months have risen from 29% to 71.6% and for tetanus toxoid for women from 72% to 90.7%;
- ORT use has increased from 18% to 64% with correct preparation rising from 16% to 69.3%;
- Pneumonia prevalence has reduced from 22% to 16%. Quick treatment on the same day has increased from 24% to 66.6%;
- The percentage of mothers who breastfed within one hour of delivery increased from 19% to 33%. Under-five children who were exclusively breastfed in the past 24 hours increased from 41% to 57.1%;
- More than 350 volunteers have been organized into 30 CHTs in the program area and critical links between the health facilities and the community have been established;
- Urban specific BCC materials have been produced and used, and AMC adopts them for all the 43 wards of Ahmedabad city covering 3,600,000; and
- Strong partnership and cost share on the part of Ahmedabad Municipal Corporation, extends further for the cost extension.
- Based on the successes of Jeevan Daan Program Government of Gujarat has expressed its willingness to scale up proven and feasible strategies in entire state.

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Project Name: "Chotton Ki Asha", "Hope for the little ones"
Agreement Type: CSHGP
Duration: October 1, 2006 to September 30, 2010
Geographic Scope: Northeast Delhi, Sonia Vihar Urban Slums
Technical Assistance Agencies: Hope Worldwide
Hope Foundation in collaboration with Counterpart International,
Implementing Agency: UHRC, Delhi Govt.

DESCRIPTION: The GOI Municipal Corporation of Delhi (MCD) asked Hope Worldwide (HWW) to be its partner under the Reproductive & Child Health (RCH)-2 Project to improve urban care in the Sonia Vihar slum in NorthEast Delhi, which has no government health facilities and has been chosen by the GOI for a model program to improve health care. HWW's proposed program, "Chotton Ki Asha" (CKA), in Hindi means "hope for the little ones." Both the interventions and target communities were selected through a process of extensive consultation with USAID/Delhi, the Delhi government and local stakeholders. There are four key interventions in the program: control of diarrheal disease (CDD), pneumonia case management (PCM), immunization, and antenatal care. The four intervention areas are interrelated, each serving to alleviate the common thread of unsanitary conditions and barriers to appropriate health care. The program relies on community health workers and linked "mother's groups" of volunteers providing health education to families using Behavior Change Communication (BCC) techniques, public events, and positive-deviance examples. Important aspects include: promotion of proper care-seeking behavior, and coordination of government health care resources.

HOPE foundation (HF) is HWW's affiliate in India and the implementing partner. HF works closely with existing government entities and will continue to do so in the implementation of the CKA program. In the Sonia Vihar (SV) slum in Shahdara North District, partners include the MCD Indian Population Project VIII and the University College of Medical Sciences Community Medicine Department (UCMS), with the office of the East Delhi MP Sandeep Dikshit and the local Residents' Welfare Association (RWA) offering support. Since Shahdara North has been identified by the GOI and UHRC as a model district for health for India's RCH-2 program, there is great opportunity to replicate widely and to scale-up successful interventions. HF's relationships with influential officials, e.g. Sandeep Dikshit (local MP) and A.K. Walia (Delhi Finance Minister, former Health Minister), and its partnership with UCMS (Community Health Department), GTB Hospital will also provide vehicles for dissemination of lessons learned.

KEY ACTIVITIES: The CKA program provides health care training to local medical providers and traditional birth attendants. Street food vendors will be encouraged to sell low osmolarity ORS and will be trained in basic hygiene practices. Local private health providers are trained in correct case-management and appropriate referral approaches. Building on longstanding relationship with Shroff's Charity Eye Hospital and others, HF will hold joint "Health Melas" (outdoor public fairs where people gather to celebrate and learn) to provide health care education. In collaboration with Guru Teg Bahadur Hospital in Dilshad Gardens and nearby MCD Shahdara, Yamuna Vihar and Dilshad Gardens Maternity Homes, the CKA program will facilitate institutional deliveries. The Indian Church of Christ, New Dehli (NDCC) has committed hundreds of volunteers to assist in non-sectarian health education outreach at special events. Positive local examples and victories will be highlighted to encourage imitation. Sustainability is generated through empowered community individuals and organizations who understand families' health, undertake preventive measures to improve it, rapidly seek care when needed and constructively engage with local health care providers to ensure proper quality of care. Volunteers will be motivated by recognition, teaching of the importance of their work, and, through non-USAID resources, training in "self-help groups" to begin small businesses.

KEY ACHIEVEMENTS: None yet. But when the program is rolled out, it will help 150,000 people who do not currently have primary health care to know how to take care of their young children, and it will help them know where and when they should seek care, including having births in institutions instead of at home.

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Project Name: Safe Motherhood and Child Survival (SMCS)
Agreement Type: Field Support (Cooperative Agreement)
Duration: January 1, 2002 to September 30, 2006
Geographic Scope: Andhra Pradesh, Assam, Bihar, Maharashtra, Dadra & Nagar Haveli, Gujarat, Madhya Pradesh, Orissa, Meghalaya, Nagaland, Manipur, Rajasthan, Uttar Pradesh, and West Bengal
Technical Assistance Agencies: FANTA
Implementing Agency: Catholic Relief Services/India

DESCRIPTION:

The Safe Motherhood and Child Survival Program (SMCS) is a ten year Title II-supported program, approved in two phases of five years each. SMCS aims to ensure safe and healthy pregnancies for 90,000 women and improve the nutritional status of 150,000 children aged six months to three years from most vulnerable groups (SC/ST/OBC) in remote areas of the country. The program started in 1997 and is currently in the final year of the second five year phase. CRS implements the program through 40+ selected Coordinating Partners, who in turn work with approximately 380 grassroots Operating Partners who cover on average 6-8 revenue villages. The key grassroots functionary of the program is the Village Health Worker (VHW) who is trained under the program and supported by the Operating Partner. A Traditional Birth Attendant (TBA) has been identified in most of the program villages and trained in conducting safe deliveries. TBAs work with the respective VHW in identifying pregnant and lactating women, and children. The VHWs coordinate closely with the Auxiliary Nurse Midwife (ANM) and the ICDS functionary of the village.

A recent final evaluation of the SMCS program indicated that the program has had significant impact in improving knowledge about key maternal and child health issues. The program has also achieved strong results in reducing malnutrition among children enrolled, in increasing the number of women receiving Ante-natal and Post-natal Care, and increasing institutional delivery. Immunization of children under two also increased significantly in program areas.

KEY ACTIVITIES:

- CRS & partners train Traditional Birth Attendants (TBAs), Registered Medical Practitioners (RMPs) and Village Health Workers (VHWs);
- VHWs train mothers in healthy pregnancy and child wellness practices;
- VHWs carryout growth monitoring and counseling;
- The program strengthens service delivery systems and community linkages; and
- Exit criteria are monitored to ensure appropriate withdrawal of program resources.

KEY ACHIEVEMENTS:

- 93% of the approved participant level of 240,000 pregnant women, nursing mothers (upto six months lactation) and children six months to three years old were supported with Title II food during FY 2005;
- The percent of children under 2 years in program villages whose weight-for-age falls below -2SD was reduced by 10 percentage points from baseline (2002) to final evaluation (2006);
- Monthly health and nutrition education sessions were regularly conducted in 81% of program villages
- The proportion of low birth weight babies in program villages was 14.6% at the time of the final evaluation, compared with a national average of 30%;
- Remarkable progress has been made in program areas in terms of mother's knowledge for nearly all danger signs during pregnancy.

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Project Name: Food and Nutrition Technical Assistance (FANTA) Project
Agreement Type: Field Support
Duration: 2000-2008
Geographic Scope: All India
Technical Assistance Agencies: Academy for Educational Development (AED)
Implementing Agency: CARE, Catholic Relief Services (CRS)

DESCRIPTION:

The FANTA Project supports integrated food security and nutrition programming to improve the health and well-being of women and children. FANTA is a 10-year Cooperative Agreement managed by the Academy for Educational Development and funded by USAID. FANTA provides technical assistance to USAID missions and host governments, private voluntary organizations (PVOs) and non-governmental organizations (NGOs) to improve program design, implementation, monitoring, and evaluation. In India, FANTA provides technical assistance to USAID/New Delhi and its Title II PVO partners, CARE and CRS, to strengthen the impact of their food security programs, support the program transition from Title II food to locally procured food, and support the replication of effective program approaches into larger Government of India program. FANTA's work supporting Title II program transition is being carried out in collaboration with its subcontractor, the International Food Policy Research Institute (IFPRI), a Washington-based research institute with an office in New Delhi.

KEY ACTIVITIES:

- Support the replication of effective practices and approaches from CARE-supported ICDS program areas into the larger ICDS program;
- Conduct a study (with IFPRI) of the progress and impacts of the transition from Title II food commodities to locally procured food, and recommend options to strengthen program processes and impacts related to the transition;
- Review (with IFPRI) opportunities and constraints to strengthening social safety net systems in India and recommend options to strengthen these systems, building on lessons from CARE's support to the Government of India's Integrated Child Development Services (ICDS) program;
- Provide guidance and technical input to the design of sustainable phase-down and graduation strategies for the Title II development programs in India; and

KEY ACHIEVEMENTS:

- Completed a study (with IFPRI) of progress and impacts of the food aid transition in CARE-supported ICDS program areas. Produced and disseminated a study report and held a workshop with government, CARE, and other stakeholders to present results and discuss ways to apply the findings to strengthen ICDS programming.
- Conducted a program review and developed a recommended scenario for changes to Title II programs in response to the need to phase-down the program and to reductions in commodities due to Government of India's decision not to allow import of corn-soy blend;
- In consultation with the Mission, CARE, and CRS, developed a long-term plan for phase-down of the Title II programs that served as the basis for USAID's proposal to OMB. (Completed by a FANTA consultant);
- Completed a review of global experience with program graduation and exit strategies in food aid programs, and recommendations for application to India; and
- Reviewed CARE's RACHNA program (Integrated Nutrition and Health Project II and Chayan Project) as part of the Mid-Term Review.

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Project Name: CARE-KGMU-JHU Collaborative Project to Improve Neonatal and Child Survival and Nutrition in India
Agreement Type: *Field Support*
Duration: *2001-2006*
Geographic Scope: *Uttar Pradesh and Andhra Pradesh*
Technical Assistance Agencies: *Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health /GRA/HARP*
Implementing Agency: *Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health, CARE/India; King George Medical University, Lucknow, Uttar Pradesh*

DESCRIPTION:

USAID/India is supporting the Department of International Health at the Johns Hopkins Bloomberg School of Public Health to develop and conduct collaborative projects with Indian institutions including CARE/India, King George Medical University (KGMU) and IndiaCLEN. The broad purpose of this project is to strengthen Indo-US collaboration in public health research by providing assistance to Indian institutions in areas of operations research and program evaluation related to neonatal health and other Child Survival issues. The specific purpose is to develop feasible and cost-effective community-based interventions to improve newborn and child health and survival and nutrition in India.

KEY ACTIVITIES:

JHU in partnership with CARE/India and KGMU is implementing the following projects:

- Evaluation Research of the Nutrition Interventions in the Integrated Nutrition and Health Program (INHP) II areas of CARE/India. This project aims to determine the effectiveness of CARE/India's basic package of services in INHP II as compared to a control package of services (ICDS) in reducing under-nutrition of the mother during pregnancy and of the child in the first 24 months of life, and reducing anemia among pregnant women and children aged 12 and 24 months;
- Evaluation Research to Improve Newborn Health and Survival in the INHP II area of CARE/India. This project aims to a) evaluate the impact of a basic newborn care package on neonatal mortality and newborn care practices at the community level, and b) to document the processes, approaches, frameworks, tools and resources/costs of operationalizing basic newborn care interventions within the context of CARE/India's integrated nutrition and health services package; and
- Newborn Thermal Care Practices in Rural India: A Community-based Program to Prevent and Improve Recognition and Management of Hypothermia: The projects aims to a) examine perceptions of caregivers regarding newborn body temperature, and current essential newborn care practices, b) design and evaluate community-driven health education and training methods for promoting effective domiciliary essential newborn care and newborn thermal care practices, and c) evaluate the impact of an education/behavior change communications package, as a preventive measure, on prevalence and management of hypothermia.

KEY ACHIEVEMENTS:

- Signed Memorandum of Understanding with CARE/India and King George Medical University to conduct collaborative research projects. Jointly developed two evaluation research projects (Care/Newborn and CARE/Nutrition) and currently completing evaluation of these projects;
- Developed a collaborative research project with KGMU to evaluate the implementation of an essential newborn care package, with a focus on prevention and management of hypothermia, and on community mobilization, and currently completing evaluation of the program; and
- Developed a field site in Shivghar, Uttar Pradesh, which will allow evaluation of other community-based newborn and child health interventions.

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Project Name: CORE Group Partners Project
Agreement Type: Field Support – Health and Emergency Response Support
Duration: Oct. 2001 – Sep. 2007
Geographic Scope: U. P. & Bihar
Technical Assistance Agencies: -
Implementing Agency: CORE India Consortium (ADRA India, PCI, World Vision India, CRS) & Secretariat

DESCRIPTION:

In 1999 USAID and The CORE Group (The Child Survival Collaborations and Resource Group - a membership association of 35 U.S. PVOs) began collaborating to accelerate ongoing polio eradication activities in priority countries. The project includes a funded secretariat and CORE member PVOs with their local partner NGOs, working together with UNICEF/Social Mobilization Network (SMNet) and WHO/National Polio Surveillance Project in a coordinated, collaborative fashion. CORE was given the task of social mobilization and combating resistance to the program. In India, currently, the CORE consortium members are ADRA, PCI, World Vision and CRS.

KEY ACTIVITIES:

- The CORE Group is a founding member and collaborator of the SMNet. CORE PVOs, using the SMNet strategies, support the National Polio Eradication Initiative by extending its reach and maximizing its impact so as to ensure that no child remains unreached and in the selected blocks, high-risk, low coverage area target populations (specially urban slum dwellers, migratory populations, brick kiln workers, etc) are completely covered.
- The PVOs establish a working relationship with government counterparts at the Block level to help identify community and NGO resources, participate in micro-planning, map clusters of houses/villages, etc and sustain motivation among both the workers and the community.
- CORE partners, with their connection to local leaders and officials, play a major role in advocacy and community mobilization through community level coordinators who are trained to actively search for 'zero-polio dose' children and resistant or missed communities/families.
- Routine immunization coverage is improved through coordinated efforts of Community Mobilizers and Block Mobilization Coordinators with Government PHCs and Sub Centers.
- All workers participate in the active surveillance of Acute Flaccid Paralysis in their community and ensure timely and complete reporting to the local government counterpart and Surveillance Medical Officers.

KEY ACHIEVEMENTS:

- Polio Eradication campaign accelerated by the coordinated involvement of PVOs and NGOs in national & community eradication efforts.
- Relationships strengthened between communities and international, national and regional health and development agencies.
- Collaborative networks of PVOs and NGOs developed with the capacity to accelerate other national, regional & community disease control initiatives (in addition to polio eradication).
- Supported efforts to strengthen national routine immunization systems.
- Supported efforts to strengthen disease surveillance and appropriate response.

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Project Name: UNICEF India/Polio Eradication
Agreement Type: *Field level support*
Duration: AAG-G-00-97-00021
Geographic Scope: *Uttar Pradesh for intensive community-level mobilization, all states for media and IEC prototype development*
Technical Assistance Agencies: WHO SEARO & WHO HQ Geneva, UNICEF India, CDC
Implementing Agency: UNICEF India

DESCRIPTION:

With USAID support, UNICEF will continue to implement communication activities to help reach the target of interrupting transmission of poliovirus as quickly as possible. UNICEF will collaborate with other partners working on strategic communication for immunization in India, namely the Government of India at the Centre and State levels, Rotary India, the CORE group of international NGOs and WHO/National Polio Surveillance Project (NPSP). The communication strategy will endeavor to reach the following targets during 2006/07:

- Increase booth coverage in areas with UNICEF-supported community mobilizers (CMCs) from 60% to 70%
- Reduce the percentage of X (missed) remaining households in areas with UNICEF-supported community mobilizers from 10% to 5%
- Reduce the number of resistance households in areas with UNICEF supported-community mobilizers to zero
- Increase the percentage of respondents at the polio booth who report being informed about polio through public service announcements on television from 25% to 50%
- Increase the percentage of positive media stories in the print media in Lucknow and Delhi from 10% to 50% of the total number of media stories generated.

KEY ACTIVITIES:

- Maximize the impact of communication efforts at the national, state, district and block level through **strengthened coordination** amongst partners and effective **advocacy**.
- Ensure children most at risk – particularly those under the age of two and Muslim – are adequately protected from polio by **intensifying communication efforts in blocks** where wild polio virus transmission is sustained. Reach out to 1.5 million households monthly through a network of **3,800 community mobilizers (CMCs)** working in villages and slums most at risk of ongoing polio transmission.
- UNICEF is in a strategic alliance with **three national-level Muslim academic institutions** – Jammia Milia Islamia, Jammia Hamdard and Aligarh Muslim University.
- Ensure polio eradication by **strengthening communication for routine immunization**.

KEY ACHIEVEMENTS:

- Where community mobilizers (CMCs) are assigned, booth coverage, the percentage number of X marked houses converted to P and the absolute reduction in X houses that refuse to accept OPV are all higher than areas without a community mobilizer. State-wide data from January 2005 to February 2006 show that booth coverage in CMC areas is increasing, from 62% to 67%.
- An increased general awareness of polio as a result of mass media and high visibility of promotional IEC materials. A **recent study commissioned by UNICEF with USAID support** showed that knowledge levels of all CMCs (the cohort included both new and old CMCs) had gone up from the onset of training, to application in the field. During February 2006, CMCs facilitated 5,183 regularly scheduled routine immunization sessions, or close to two sessions in their area in the month.

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Project Name: WHO/National Polio Surveillance Project (NPSP)
Agreement Type: *Field Support – WHO Umbrella Grant*
Duration: *Annual grant, expected project life through January, 2009*
Geographic Scope: *Uttar Pradesh for surveillance, all states for polio laboratory support*
Technical Assistance Agencies: *WHO SEARO & WHO HQ Geneva, UNICEF India, CDC*
Implementing Agency: *World Health Organization, India*

DESCRIPTION:

The National Polio Surveillance Project consist of over 240 Indian national medical officers distributed across India with the purpose of conducting high quality surveillance for acute flaccid paralysis (AFP), providing technical advise and leadership for conducting supplementary immunization activities (SIAs) and strengthening laboratories. Surveillance and monitoring data provided by the NPSP surveillance network assist the Government of India target resources and take corrective actions to improve surveillance and immunization activities. The project began in 1997 with 59 Surveillance Medical Officers and has expanded to a present number of 270. In UP in Bihar there are 1-2 medical officers per district while in other states the SMOs cover up to 6 districts each. The total number of staff presently employed by the project is approximately 1500 staff ranging from accounting support to block level monitors. The objective of the organization is to assist the government of India at national, state and local levels in wild-polio eradication efforts.

KEY ACTIVITIES:

- Conduct Acute Flaccid Paralysis (AFP) surveillance throughout India to detect the presence of wild-polio virus to facilitate government and WHO immunization activities;
- Conduct monitoring of Supplemental Immunization Activities (SIAs) throughout India for the purpose of trend analysis and focusing resources to improve the quality of future activities;
- Provide technical assistance to the Government of India at National, State, District, and Block levels to plan and implement quality SIAs;
- Provide training assistance for vaccinators and supervisors for how to conduct quality SIAs;
- Provide data analysis and graphics support to GoI for SIAs and AFP Surveillance; and
- Provide assistance to strengthen polio laboratory networks.

KEY ACHIEVEMENTS:

- Paralytic cases of wild polio in India have been reduced from more than an estimated 30,000 cases per year in 1994 to less than 250 cases in 2003. Thus far in 2005, the number of detected cases is even lower with only 37 cases detected as of October 13. Over 250,000 cases of polio related paralysis have been averted due to the polio eradication program;
- Of the three types of wild polio virus, type 2 wild polio virus has been eradicated from India, type 3 wild polio virus has not been detected since January 2004;
- The quality of SIAs in India has never been higher thanks to data collected by NPSP and India stands poised to eradicate the disease by December 2005, possibly sooner; and AFP Sensitivity rates doubled – from 1.5 to over 3.0.

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Project Name: WHO - Strengthening Integrated Disease Surveillance in India
Agreement Type: Field support – WHO Umbrella Grant
Duration: Indefinite
Geographic Scope: Maharashtra and Select states
Technical Assistance Agencies: WHO-India and National Institute of Communicable Diseases
Implementing Agency: WHO-India, National Institute of Communicable Diseases, Indian Council for Medical Research and IndiaCLEN

DESCRIPTION:

USAID/India is supporting the WHO-India to assist the GOI efforts in strengthening disease surveillance in India. The overall focus of the program is to implement the IDSP nation-wide in three phases. The IDSP will link district reporting to state governments and thus enhancing disease control and response. The project involves intensive training at all levels during the first phase. Second phase activities will involve piloting of the project in urban and rural districts and state-wide implementation as well as preparation for new states.

KEY ACTIVITIES:

WHO-India in partnership with NICD, ICMR, IndiaCLEN and state governments is implementing the following project:

- Training of surveillance officers and laboratory personnel;
- Development of manuals for training, operations and laboratory protocol.
- Modernization of offices and laboratories, including digitization of reporting formats.
- Strengthen linkages from peripheral to central levels, networking between state/regional and national institutions; and
- Operational research and feasibility assessments.

KEY ACHIEVEMENTS:

- Phase I of the IDSP has begun in 2005 in 9 Select states;
- Strengthening the regional labs in 35 states and Union Territories to respond to outbreaks;
- Improving connectivity for rapid data transmission from the districts to the State and Central Headquarters. All the districts of Orissa connected electronically and in 13 districts of Maharashtra GIS has been introduced;
- A series of workshops on Epidemic preparedness undertaken to train district health managers on response to outbreaks; and
- A multi-centric study on developing methodologies to involve the private sector and medical colleges in surveillance is underway.

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Project Name: Hib Initiative – Haemophilus influenzae type b – Vaccine Probe Study
Agreement Type: Field Support – HARP/GRA
Duration: 2004-2009
Geographic Scope: Selected states
Technical Assistance Agencies: Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health /GRA/HARP
Implementing Agency: Indian Council for Medical Research

DESCRIPTION:

USAID/India is supporting the Department of International Health at the Johns Hopkins Bloomberg School of Public Health to develop and conduct collaborative projects with the pioneer Indian institution Indian Council for Medical Research (ICMR). The broad purpose of this project is to gather the necessary data for the Government of India to make a decision about the use of Haemophilus influenzae, type b (Hib) vaccine and to strengthen the infrastructure of the participating Indian institutions for conducting the randomized portion of the large Hib probe study. A preliminary phase has been initiated. The specific aim of the preliminary phase is grouped into hospital, community, and coordination categories.

KEY ACTIVITIES:

JHU/GRA/HARP in partnership with ICMR aims to carry out the following activities under the project at the hospital, community and coordination levels:

- Hospital level activities
 - Conduct prospective identification of children with pneumonia and meningitis in study hospitals. Based on the review, measure the baseline number of observed study endpoints (severe pneumonia and purulent meningitis), collect baseline data on the diagnostic practices at study hospitals and evaluate current use of diagnostic tests and ability of hospital laboratories to analyze these tests.
 - Involve local investigators to identify needed improvements in case detection.
 - Evaluate change in performance at study hospitals and determine hospitals/sites capable of carrying out full probe study based on predetermined performance standards.
- Community level activities:
 - Carry out cohort study in the community - gather baseline
 - Information on the incidence of study endpoints and carry out mock randomization.
 - Track children throughout the 3-dose routine vaccination series to
 - Measure the vaccine coverage levels. Implement community based activities to improve vaccine coverage as much as possible in a vaccine trial.
 - Encourage study subjects to utilize study hospitals.
- Coordination level activities:
 - Set-up vaccine distribution and tracking system to make sure that study vaccine can be appropriately during the vaccine probe study.
 - Collect and use the data from study hospitals and study communities to develop the study protocol.

KEY ACHIEVEMENTS:

USAID provided initial funding for leveraging support from Government of India and the Global Alliance for Vaccines and Immunization. With USAID funding, more than 12,000 children have been enrolled in community based activities and more than 1,000 children have been enrolled in hospital based activities. Numerous training and capacity development activities have been carried out at the study sites in the areas of data management, laboratory quality assurance, Good Clinical Practices, and field site development. Study planning began in 2004. The preliminary phase began in July, 2005.

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Project Name: National Integrated Health Program (NIHP)
Agreement Type: *Unilateral (Cooperative Agreement)*
Duration: *October 2006-September 2011*
Geographic Scope: *UP, Jharkhand and some activities at national level*
Technical Assistance Agencies: *IntraHealth International, Inc. (lead agency), Abt Associates, Catholic Relief Services, The Johns Hopkins University- Centre for Communications Program*
Implementing Agency: *IntraHealth International, Inc*

DESCRIPTION:

The objective of this technical assistance project is to support the Government of India and public/private sector partners to achieve national maternal and child health objectives as outlined in the National Rural Health Mission (NRHM), the Reproductive and Child Health Program (RCH II), the Eleventh Five Year Plan, and the Millennium Development Goals.

The project will improve knowledge and healthy practices as well as demand and use of key health services. It will achieve this by providing learning and models for scale up of best practices and by rolling out proven intervention packages in 22 districts of Uttar Pradesh and all districts (22) of Jharkhand.

Key contributions of the project will include:

- Demonstrate the success of the refined best practices in maternal, neonatal, child health and nutrition area, working with implementing partners
- Document and share evidence about selected best practices, refining these practices by determining the best timing, approaches and combinations of interventions and messages for delivering them, as well as documenting the relative cost, ease of implementation and impact of these best practices
- Document and share experiences and lessons about how to move from smaller scale models to large scale implementation
- Promoting the transfer of “knowledge into practice” and scale up of best practices at all levels (from national to community level) through demonstration and learning, knowledge management and sharing, advocacy and technical assistance

KEY ACTIVITIES:

Key activities will be determined in consultation and collaboration with the UP and Jharkhand State Governments, technical experts, and a wide range of stakeholders and partners. It is expected that they may include activities such as:

- Work to ensure the collection of high quality evidence and to assist with advocacy to promote the adoption and scale up of best practices
- Support the roll out of a new cadre of health workers, ASHAs, to ensure that they employ and promote best practices in maternal and child health
- Facilitate public-private sector partnerships as outlined in the NRHM and in order to scale up best practices
- Lead appropriate behavior change campaigns related to proven best practices
- Study and contribute to the knowledge about gender and equity issues as related to success in scaling up best practices
- Develop and disseminate clear and simple tools and ways to share the evidence about best practices and how to scale them up (sustainable knowledge management and sharing systems)

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Project Name: Iodine Deficiency Disorders Elimination Project
Agreement Type: Congressional Earmark
Duration: FY 2006 (yearly revised)
Geographic Scope: Nationwide
Technical Assistance Agencies: UNICEF
Implementing Agency: UNICEF

DESCRIPTION:

The IDD Project supports universal salt iodization at the national level. Through this project, UNICEF supports GOI to eliminate iodine deficiency disorders in India. The purpose of the project is facilitate the dialogue between government and salt suppliers to ensure access to iodized salt for underserved socio-economic groups and advocacy to maintain IDD elimination through USI high on the central and state governments' agenda.

KEY ACTIVITIES:

- Create awareness about IDD elimination and benefits of iodized salt to increase demand.
- Create an effective and sustainable demand for adequately iodized salt by continuing to educate consumers, shop keepers, as well as front-line workers on the benefits of consuming adequately iodized salt and the danger of the absence of iodine.
- Create enabling environment for iodized salt production
- Ensure production of adequately iodized salt for all of India
- Strengthen monitoring the quantity and quality of iodized at all levels
- Create a supportive environment for the central ban on sale of non iodized salt for direct human consumption

KEY ACHIEVEMENTS:

- Mass media BCC campaign launched through national & regional TV & radio channels for using iodized salt.
- Ban on use of non-iodized salt was reinstated, exclusive use of iodized salt for animal and human consumption.
- Better monitoring of iodization of salt at various levels starting from site of production to consumption at household levels.

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Project Name: Urban Health Resource Centre (formerly EHP-India)
Agreement Type: Grant Agreement
Duration: March 2002-September 2006
Geographic Scope: All India
Technical Assistance Agencies: GSM
Implementing Agency: NGOs (BGMS, BNS, IDSSS, CECOEDECON, and PFHTP in Indore; FPAI, NIRPHAD, and SNBS in Agra; MUSKAAN in Bhopal), National and State RCH Programs

DESCRIPTION:

Urban Health Resource Centre (formerly EHP-India) which began operations in March 2002, quickly developed into a nationally recognized public health resource. The program supports, through a partnership with local NGOs, and cluster coordination teams, and coordination with other private sector partners, Municipal Governments and other public sector institutions, interventions aimed at improving maternal and child health & nutrition. UHRC strives to increase and improve accessibility of the urban health knowledge; advocates and networks to promote better and increased resources allocated for urban health.

The Urban Health resource Centre (UHRC) was thus incorporated in August 2005 as a non-profit institution from what was till then as the Environmental Health Project (EHP). The EHP/India office is operating as a non-profit institution, UHRC, since October 31st, 2005 and is managing the urban health activities through continued USAID support.

KEY ACTIVITIES:

- Strengthen Urban Health programming approaches and capacities at different levels and among Govt. (such as RCH II/NRHM) and Non-Government partners to enhance reach to underserved settlements.
- Conduct demonstration and research activities in diverse cities focusing on improving the reach to the urban poor, to facilitate utilization of learning in government and non-government programs.
- Generate, compile and disseminate urban health information to address knowledge gaps and utilize such urban poor specific information to enhance attention on 'health of the urban poor' among government and non-government stakeholders and academic institutions through advocacy efforts.

KEY ACHIEVEMENTS:

- Initiated repositioning of the Indore Urban Health Programme
- Evolved into a nodal technical assistance agency to Urban Health component of national RCH program of GOI.
- Provided technical assistance for the development of model urban health proposals (for RCH II) for 3 cities (Dehradun, Haridwar and Haldwani) in Uttaranchal, Bally (West Bengal), Agra (UP), Shahdara North and Narela (Delhi).
- Supported Govt. of India in facilitating meetings of the National Task Force to advise NRHM on strategies for urban health care and report compilation.
- Reanalysis of NFHS 2 (DHS) data by Standard of Living Index has provided insights into the health conditions of the urban poor
- Organized symposia for four consecutive years.

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Project Name: Point-of-Use water disinfection and Zinc Treatment Project (POUZN)
Agreement Type: IQC/ Field Support
Duration: 2005 – 2010
Geographic Scope: All India
Technical Assistance Agencies: Academy for Educational Development (AED)
Implementing Agency: AED + partners in the private sector

DESCRIPTION:

The Point-Of-Use Water Disinfection and Zinc Treatment (POUZN) project is a USAID Private Sector Program (PSP) initiative managed by the Academy for Educational Development (AED). POUZN's mission is to implement a diarrhea reduction project using point-of-use (POU) water disinfection and zinc treatment, with the goal of contributing to the key USAID strategy of reducing mortality and morbidity from diarrhea. POUZN's approach is to engage both the commercial and public sectors and leverage their strengths and resources to address the critical public health issue of diarrheal disease.

POUZN is designed to enlist the private sector in the marketing, sale and local acceptance of POU and zinc product usage in order to ensure long-term sustainability. POUZN's approach is not to create new distribution channels or run parallel marketing campaigns to the commercial sector, as those types of channels will exist only as long as there is donor funding. Instead, it provides incentives and demonstrates to local manufacturers and distributors both the marketability of these products and the social and economic return.

KEY ACTIVITIES

- Advocacy for adoption of zinc by opinion leaders in the public and private sectors in collaboration with other USAID projects involved in zinc
- Collaborate for accelerating registration of zinc as Over-The-Counter and inclusion in National guidelines
- Build partnership with selected zinc producers
- Develop business plan
- Provide technical assistance to each partner according to agreed upon marketing plan
- Conduct activities aimed at promoting zinc adoption by health professionals
- Promote zinc in general and develop generic promotional strategy and material

KEY ACHIEVEMENTS:

Since its start in India in March 2006, POUZN has developed a market assessment of local manufacturers to determine the demand and supply options for zinc targeting the domestic and export markets.

In addition, POUZN has:

- Developed selection criteria for private sector partners
- Coordinated zinc activities with other USAID projects under the zinc TAG
- Built partnership with zinc producers based on proprietary marketing plans
- Provided assistance in marketing planning to several partners
- Assisted in training of detailing force
- Helped plan launch events nationally and regionally with private sector partners
- Supported advocacy and promotional activities of partners

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Project Name: Community-Led Initiatives for Child Survival (CLICS)
Agreement Type: Child Survival & Health Grant
Duration: October 2003-September 2008
Geographic Scope: Maharashtra
Technical Assistance Agencies: Aga Khan Foundation, India (AKF India)
 Department of Community Medicine, Mahatma Gandhi Institute
Implementing Agency: of Medical Sciences (DCM/MGIMS)

DESCRIPTION:

The Community-Led Initiatives for Child Survival Program (CLICS) is a five-year \$2 million project co-funded by the United States Agency for International Development (USAID) and Aga Khan Foundation U.S.A. (AKF USA) under the 2003 Child Survival Health Grants Program (CSHGP). The goal of the project is to bring sustainable improvement in the health status and well being of children under three years and women in the reproductive age group (15-44 years) in a beneficiary population of 88,128 residing in 67 villages across Wardha District, Maharashtra State, India.

CLICS seeks to facilitate 'community-ownership' of a package of health services by refining and applying a 'social franchise model' that is demand-driven, inherently sustainable and suitable to expansion. As construed by CLICS, a social franchise model is one where a contractual obligation between two parties is entered into for the purpose of producing a 'social product' of a particular kind and quality. The model, as such, is an efficient means for the 'Franchiser', in this case DCM/MGIMS to interact with and build the capacity of potential 'Franchisees' (village communities) to produce an integrated package of affordable and high quality child survival and health services. Interventions under CLICS will remain focused on child health, maternal health and RTI/STI.

KEY ACTIVITIES:

The implementation strategy is characterized by four key stages as follows:

- Mobilizing communities to form Village Co-ordination Committees (VCCs) which function as nodal agencies responsible for decentralized health care delivery at the village level;
- Developing with each VCC a 'Social Franchise Agreement', a document that outlines a clear set of health priorities and the means to address them;
- Implementing the Social Franchise Agreement through the VCC; and
- Achieving 'community ownership' i.e., a stage where the VCC is able to independently manage key health activities and sustain health gains without intensive inputs from MGIMS.

KEY ACHIEVEMENTS:

The project will be completing three years in September 2006. The achievements to date are:

- Completion of household and baseline surveys.
- Development of the Detailed Implementation Plan.
- Partnership have been developed at the village level, with the formation of 264 Self Help Groups, 72 Kisan Vikas Manch (Farmer's Group) and 64 Kishori Panchayats (Adolescent Girl's Group).
- Sixty-three VCCs covering all villages have been formed; Social Franchise agreements signed for with 23 VCCs; 88 village health workers selected by VCCs are in place; and community health clinics are functional in eight villages; Training needs assessment for staff, village co-ordination committees (VCCs) and public health providers; b) Training of trainers on IMNCI; b) Community mobilization and appraisal exercises; c) Health facility needs assessment; e) Quality assurance tools development and testing have been completed.
- Training of community-based organizations and local health providers; health needs assessment and formulation of village plans; implementation of BCC strategy; formative and operations research; MIS for the project are in progress.

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Project Name: IndiaCLEN Program for Health Intervention Development and Evaluation (IPHIDE)
Agreement Type: Field Support – HARP/CRA
Duration: 4 years
Geographic Scope: All India
Technical Assistance Agencies: Member institution of IndiaCLEN
Implementing Agency: Member institution of IndiaCLEN

DESCRIPTION:

The overall objective of IPHIDE is to carry out programs of applied health research in India that will influence health policy and action to improve equity in health in India. The proposed program of activities range from hospital-based studies to community-based programs to broaden the impact of research results. The past decade has seen the training of more than 60 faculty members from six Clinical Epidemiology Units (CEUs) located in premier medical institutions in India; successful implementation of a program of research and evaluation activities under the IndiaCLEN Infectious Diseases Initiative (IID); continued expansion of IndiaCLEN's membership and networking with more than 80 institutions for collaborative research; and steady partnerships with health policy makers and program managers in the Government of India .

KEY ACTIVITIES:

- Infectious Disease & Disease Surveillance: IndiaCLEN is closely associated with the development and subsequently with the implementation of Integrated Disease Surveillance Program (IDSP). It has been very closely working with National Aids Control Organization (NACO) and State AIDS Control Societies (SACS) for last 12 months in developing National & State Program implementation Plans for Phase III of National AIDS Control Program (NACP III) to be launched from July 2006. Studies on various aspects of HIV program will be initiated soon after the launching of this phase of HIV AIDS Control activities in the country. IndiaCLEN will continue to support the national TB program (RNTPC);
- Program Evaluation & Health Systems Research: IPEN has undertaken the major evaluation studies in India since 1997. In coming year IndiaCLEN projects highlights outstanding health programs evaluation on UIP surveillance, safe water system and HIV-AIDS;
- Child Health Initiative (CHI): The themes under the child health initiative in which IndiaCLEN is involved are: diarrheal diseases (ZINC ORS), ARI, vaccine trials, nutrition and quality of care. The CHI will conduct the studies on integrated short course amoxicillin therapy for pneumonia with wheeze-ISCAP II and acceptability and cost effectiveness of zinc supplementation;
- Neonatal Health Research Initiative (NHRI): In phase I NHRI has adopted a model approach to change practices in neonatal health care and to promote the rational diffusion of technology;
- Micronutrient Health Research Initiative (MHRI): MHRI has identified areas where operational and policy relevant studies can have greater and wider impact on existing supplementation programs and to explore innovative strategies to overcome deficiency states in the community.

KEY ACHIEVEMENTS:

The IndiaCLEN projects highlight outstanding health program evaluations and the production of important research results on antimicrobial resistance, surveillance methods, rational drug use, health care practices, and intervention in a wide range of conditions that include invasive bacterial diseases, pneumonia, diarrhea, HIV, and tuberculosis. IndiaCLEN's impact on policy has been demonstrated by its close association with national and state governmental agencies for IID-related programs. IndiaCLEN is currently a major player in health research in India, capable of assuming lead national roles in research management and coordination.

CONTACT INFORMATION:

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Agency Contact: Dr. R. C. Ahuja, Professor, Deptt. Of Medicine, KGMC Insitute of Clinical Epidemiology, King George Medical College, Lucknow - 226 003, Tel: 0522-2255199; Res: 2456036 / 2216064; Fax: 0522-2257674; Email: kgmcice@satyam.net.in

Project Name: ACCESS
Agreement Type: Core Funds
Duration: June 2006 – September 2007
Geographic Scope: Jharkhand
Technical Assistance Agencies: JHPIEGO, CEDPA
Implementing Agency: Department of Health & Family Welfare, Govt. of Jharkhand

DESCRIPTION:

The ACCESS Program, a 5-year global program sponsored by the USAID, aims to improve the health and survival of mothers and their newborns through the use of key maternal and newborn health services. ACCESS works with USAID missions, governments, nongovernmental organizations, local communities, and partner agencies in developing countries to achieve sustainable improvements in maternal and newborn health and survival.

In India, recently ANMs/LHVs have been given permission to perform certain life saving skills for which they do not currently have appropriate training. ACCESS program will invest core funds to provide technical assistance and support the state level rollout of the field test through WRAI/CEDPA-India. This project aims to field test Skilled Birth Attendance & community based new born care guidelines that have been developed recently in one district of Jharkhand. The program envisages working with public health system and ensuring that necessary training in this regard is imparted to the ANMs /LHVs/ Staff Nurses. The key outcomes of this one and a half year intervention would be enhanced capacity built within the state to successfully plan, design, implement, and monitor a successful program to provide improved access to skilled birth attendance during pregnancy, delivery and the post-natal period and access to neonatal care. It is envisioned that the key results of this field test will inform the successful rollout not only in the state of Jharkhand but also in the rest of the country.

KEY ACTIVITIES:

- Design and test strategies for training ANMs/LHVs/staff Nurses to strengthen their capacity to provide skilled attendance at birth, newly approved emergency obstetric and newborn care and referral services in their sub-centres and during outreach deliveries as per GoI guidelines in one district of Jharkhand.
- Develop an accompanying strategy to increase demand for skilled attendance for maternal and neonatal care at the community level and a behavior change strategy for communities to adopt healthy newborn practices.

CONTACT INFORMATION:

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Project Name: Essential Newborn Care Situation HealthTech IV Project
Agreement Type: Cooperative Agreement
Duration: May 2006 – January 2007
Geographic Scope: India
Technical Assistance Agencies: National Neonatology Forum (NNF)
Implementing Agency: PATH

DESCRIPTION:

The goal of this situation analysis is to assess the existing capacity of the Essential Newborn Care package supplied by the Government of India to address newborn health, find out the needs and suggest a strategy for ENC strengthening.

KEY ACTIVITIES

The objectives are to 1) identify the strengths of newborn health care services and any gaps between the existing and desired situation, and 2) suggest strategies to reinforce strengths and address gaps, including identifying human, financial and material resources requirements and taking into account existing health sector plans and development strategies.

A rapid situation analysis using both quantitative and qualitative data regarding Essential Newborn Care in a representative sample of the 60 districts in 10 states supplied with equipment and training by Government of India including assessment of equipments, human resources and supplies for the same will be done by teams of trained investigators.

KEY ACHIEVEMENTS:

NA (activity is currently in planning phase).

CONTACT INFORMATION:

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Project Name: Avian Influenza
Agreement Type: FY05/06 Supplemental, Reprogrammed, and Field Support
Duration: December 2005 to September 2006
Geographic Scope: Select areas of India
Technical Assistance Agencies: World Health Organization/ India, Food and Agriculture Organization/ India
Implementing Agency: Ministries of Health and Agriculture

DESCRIPTION:

USAID and the U.S. Departments of State, Health and Human Services (HHS), and Agriculture (USDA), along with other departments and agencies across the federal government, are coordinating international response measures on behalf of the White House. The USAID/ India collaborates closely with the World Health Organization (WHO), the United Nations Food and Agriculture Organization (FAO) for enhancing pandemic planning and preparedness on national and regional levels, strengthening outbreak surveillance, response, and containment, and encouraging transparency in reporting and investigating avian influenza occurrences.

PURPOSE:

In efforts to contain and prevent further spread of H5N1 in India, more than 2 million birds have been destroyed, threatening the livelihoods of poultry farmers, economic growth, and overall sustainable development. In addition, human cases of H5N1 have been confirmed in countries in Europe, Asia, and Africa. As of May 19, 2006, 217 human cases of H5N1 had been confirmed. Of these, 123 were fatal. Given the rapid spread of the H5N1 virus and the impact on the international community, the United States is actively engaged in efforts in India to contain and lessen the impact of the virus.

KEY ACTIVITIES:

- Surveillance & response: Support for preparation of state level IPPP, Conduct of mock drills & simulation exercises, Development of training manual for health care workers for response during pandemic influenza. Support for training at regional level for implementation of strategic action plan, conduct of mock drills & simulation exercises at regional level.
- Laboratory strengthening: Training for standardization of laboratory diagnosis of avian influenza, training for standardization of laboratory diagnosis of avian influenza at HSADL. Training in ELISA technology for field disease investigation personnel at Regional Laboratory
- Rapid response Teams: Training in culling and proper use of Personnel Protective Equipment (PPE) for rapid response teams.
- Hospital critical care: Case management guidelines for avian influenza, training in proper use of Personnel Protective Equipment for health care workers.
- Monitoring & evaluation: Support to strengthening for avian influenza monitoring cell at NICD and support to strengthen the avian influenza monitoring cell at DAHD&F.
- Strengthening coordination: Regional conference of Ministers of Health and Agriculture on Avian Influenza and Pandemic Preparedness.

CONTACT INFORMATION:

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Project Name: WHO/ Evidenced Based Anti-Malarial Treatment Policy in India
Agreement Type: *Field Support – WHO Umbrella Grant*
Duration: *indefinite*
Geographic Scope: *Jharkhand, Orissa, Assam*
Technical Assistance Agencies: *World Health Organization- India Country Office*
Implementing Agency: *World Health Organization, India National Vector Born Disease Control Program, National Institute for Malaria Research*

DESCRIPTION:

The WHO India Country Office will contribute to strengthening the National Vector Born Disease Control Program, particularly the Malaria Component through improved technical assistance, capacity building, field testing of innovative approaches, development of the evidence base and policy implementation tools. The WHO will also focus technical assistance on strengthening coordination, monitoring, documentation and sharing of field experience³s and lessons learned. These activities will build upon the USAID/ WHO supported malaria control initiatives and utilize models and experiences from the project.

The main emphasis will be technical and capacity development support for the National Vector Born Disease Control Program, the National Institute of malaria Research and high malaria endemic states including Jharkhand.

KEY ACTIVITIES:

1. Strengthen national and state capacity on therapeutic efficacy studies and support revision of treatment guidelines using the improved evidence-based information.
2. Strengthen the evidence base on burden of malaria through improved malaria surveillance augmented by special surveys (malaria indicator surveys, etc.) and enhanced laboratory diagnosis of malaria.
3. Conduct operational research on drug use practice in various health sectors and practice setting ; use of pre-packaged blister pack drugs; and utilization and impact of insecticide treated bednets by antenatal women.

KEY ACHIEVEMENTS:

N/A (activities in progress)

CONTACT INFORMATION:

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